

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Permit #:	22-0014
Date:	1-18-2022
Amount Paid:	\$175 1-13-22 Class-A
Other:	
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		Estate of Michael K. Woods		Mailing Address:		City/State/Zip:		Telephone:	
Address of Property:		242.35 Garden Lk Rd		City/State/Zip:		Bloomington, MN 55437		847-736-3546	
Email: (print clearly)								Cell Phone:	
Contractor:		Contractor Phone:		Plumber:		Plumber Phone:			
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Karl Kastlowsky		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Required (for Agent)	
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Tax ID#		Recorded Document: (Showing Ownership)			
				25093 & 25092		780 470			
1/4, 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page	
		23+24		23+24				V. 188, 474	
Section		Township		N, Range		W		Town of:	
13		43		6				Namakagon	
Lot Size		Acreage							
								2.7	

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain?	If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	If yes---continue →	Distance Structure is from Shoreline : _____ feet		
<input type="checkbox"/> Non-Shoreland					

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$256,500 -0- Assessment	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Slab	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: 327406 CON.	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)		<input type="checkbox"/> Use	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		<input checked="" type="checkbox"/> Year Round		<input type="checkbox"/> Portable (w/service contract)	
	<input checked="" type="checkbox"/> Rental		<input type="checkbox"/>		<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if addition, alteration or business is being applied for)	Length:	Width:	Height:
Proposed Construction: (overall dimensions)	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
<input type="checkbox"/> Commercial Use		with a Deck	(X)	
		with (2nd) Deck	(X)	
		with Attached Garage	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
	<input type="checkbox"/>	Addition/Alteration (explain) _____	(X)	
	<input type="checkbox"/>	Accessory Building (explain) _____	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain) _____	(X)	
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input checked="" type="checkbox"/> Other: (explain) STREET TRUCK RENTAL	(22 X 80)	1,760	

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ (See Note below)
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 14295 MCNAUGHT RD, CABLE, WI 54821

Date _____

Date _____

Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Turn Over

APPLICANT - PLEASE COMPLETE PLOT PLAN

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

Fill Out in Ink – NO PENCIL

SEE ATTACHED INFORMATION

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

Description	Setback Measurements	Description	Setback Measurements
Setback from the Centerline of Platted Road	542 Feet	Setback from the Lake (ordinary high-water mark)	53 Feet
Setback from the Established Right-of-Way	509 Feet	Setback from the River, Stream, Creek	N/A Feet
		Setback from the Bank or Bluff	N/A Feet
Setback from the North Lot Line	509 Feet		
Setback from the South Lot Line	55 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	138 Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	159 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	>10 Feet	Setback to Well	>10 Feet
Setback to Drain Field	>25 Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s):

All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)		Sanitary Number: 327 406	# of bedrooms: 3	Sanitary Date: 9/23/99
Permit Denied (Date):		Reason for Denial:		
Permit #: 22-0014		Permit Date: 1-18-2022		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> No		
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record: Garage has A/C? Boat house - ceiling fan?		Zoning District (R-1) Lakes Classification (1)		
Date of Inspection: 1-7-22	Inspected by: [Signature]	Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.)				
- Maximum sleeping areas of 3 based upon septic design - Maintain license with Public Health				
- No sleeping in Garage or Boat house				
- NO use of Boat house aside of Boats & related equipment storage - Abide by conditions of TOWN				
Signature of Inspector: [Signature]				Date of Approval: 1/17/22
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

TOWN BOARD RECOMMENDATION -- (CLASS A - SPECIAL USE)



When **Town Board** has completed this form, please mail to:

Bayfield County Planning and Zoning Department
P.O. Box 58 – Washburn, WI 54891
Phone – (715) 373-6138
Fax – (715) 373-0114
e-mail: zoning@bayfieldcounty.org

Website:
www.bayfieldcounty.org/147

Date Zoning Received (Stamp Here)

DEC 21 2021

Bayfield Co.
Planning and Zoning Agency

Property Owner(s) are responsible to give this form to the Town Clerk. Attach a copy of the County Application (8 1/2 x 14) [front/back]. This is a **Class A** special use request. **Note:** The Town's **Planning Commission** meets prior to the Town. Once the Town meets they will forward their recommendation to the Planning and Zoning Department. **Ask Town if you should be present at their meeting(s).**

Property Owner Estate of Michael K. Woods **Contractor** _____

Property Address 24235 Garden LK Rd **Authorized Agent** Karl Kestrosky

Cable, WI 54821 **Agent's Telephone** 715-580-0157

Telephone Ann McIntosh 847-736-5540 **Written Authorization Attached:** Yes (X) No ()

Accurate Legal Description involved in **this request** (specify **only** the property involved with this application)

_____ 1/4 of _____ 1/4, Section 13, Township 43 N., Range 06 W. Town of Namakagon

Govt. Lot _____ Lot 23 Block _____ Subdivision Namakagon Lake Shore Subdivision CSM# _____

Volume _____ Page _____ of Deeds Tax I.D.# 25093 + 25092 Acreage 1.3 + 1.4

Additional Legal Description: _____

Applicant: (State what you are asking for) **Zoning District:** R-1 **Lakes Classification** _____

Short Term Rental

3 bedrooms based on 6 people

We, the Town Board, **TOWN OF** Namakagon, do hereby recommend to

☐ Table

☒ Approval

☐ Disapproval

Have you reviewed this for Compatibility with the Comprehensive and/or Land Use Plan: ☒ Yes ☐ No

Township: (In detail clearly state Town Board's reason for recommendation of tabling, approval or disapproval)

SEE ATTACHED STIPULATIONS

**** THE FOLLOWING MUST BE INCLUDED WITH THIS FORM:**

1. The Tabled, Approval or Disapproval box checked
2. The Town's reasoning for the tabling, approval or disapproval
3. The form returned to Zoning Department **not a copy or fax**

**** NOTE:**

Receiving Town Board approval, **does not** allow the start of construction or business, you **must** first obtain your permit card(s) from the Planning and Zoning Department.

Revised: November 2017

Signed:

Chairman: _____

Supervisor: _____

Supervisor: _____

Supervisor: _____

Clerk: _____

Date: 12-15-21

Conditions to be placed on short term rentals in the Town of Namakagon.

“No other structures or vehicles, permanent or temporary can be placed on the property for human habitation or business until this short term vacation rental permit is terminated.

This includes but is not limited to travel trailers, motor homes, tents, tent campers, and house boats.

Rental Criteria (For Short Term Rentals)

1. Obtain necessary permits. (See procedure)
2. Room Tax must be paid to Town Board.
3. Must have an inspected and approved sanitary system.
4. No RV's pop-up campers, tents, or other means of overnight stays allowed.
5. All vehicle and trailer parking must be contained on private driveway. (not on grass or on road).
6. All camp fires must be attended and extinguished by 11:00 PM
7. Quiet hours are from 11:00 PM to 7:00 AM
8. Pets must be restricted to rental property.
9. Property line delineation must be agreeable with both neighbors.
10. Contact number(s) must be for a person within 10 miles of property and must be available 24 hours per day.
11. Property must remain free from citations, nuisances, disorderly conduct, or any other type of illegal activity.
12. Land use, DNR and town regulations/ ordinances are included in rental information.
13. Occupancy limits set by the town are adhered to.
14. You are knowledgeable about your permits and transfer rights.
15. Garbage and recycling materials should be properly disposed of on a daily basis. Garbage containers must be kept out of the public's view except for garbage pickup day.
16. Trespass laws must be abided by at all times,
17. Fireworks by town permit only.

All of these criteria must be met by the owner. Suspension or revocation of your permit is a possibility if not followed.

(Revised 9/2018)

Bayfield County, WI

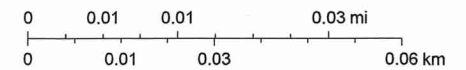


11/29/2021, 1:47:05 PM

Legend:

- Override 1
- Rivers
- Lakes
- Meander Lines
- Approximate Parcel Boundary
- Section Lines
- Government Lot
- Municipal Boundary
- All Roads
- Town
- Private
- Survey Maps
- Recorded Map
- Building Footprint 2009-2015
- Existing
- New
- Driveways
- Buildings

1:783



Bayfield

SEP 09 1999

Attach complete site plan on paper not less than 8 1/2 x 11 inches in size. Plan must include, but not limited to: vertical and horizontal reference point (BM), direction and percent slope, scale or dimensions, north arrow, and location and distance to nearest road.

FIRE NO. 133-6D
APPLICANT INFORMATION - Please print all information.

Personal information you provide may be used for secondary purposes (Privacy Law, s. 15.04 (1) (m)).

County **BAYFIELD** **OK**
Parcel I.D. # **034-1112-03+04**
Reviewed by **Chas M. Recht** Date **9-22-99**

Property Owner **MIKE WOODS** Property Location **SE 1/4 NW 1/4 S 13 T 43 N R 6 E W**
Property Owner's Mailing Address **9017 HYLAND CREEK ROAD** Lot # **23-24** Block # Subd. Name or CSM#
City **BLOOMINGTON** State **MN** Zip Code **55437** Phone Number **612 835-4644** City ☐ Village ☐ Town ☒ Nearest Road **NAMAKAGON GARDEN LK ROAD**

☐ New Construction Use: ☒ Residential / Number of bedrooms **3** Addition to existing building
☒ Replacement ☐ Public or commercial - Describe:
Code derived daily flow **450** gpd Recommended design loading rate **.7** bed, gpd/ft² **.8** trench, gpd/ft²
Absorption area required **643** bed, ft² **563** trench, ft² Maximum design loading rate **.7** bed, gpd/ft² **.8** trench, gpd/ft²
Recommended infiltration surface elevation(s) **96.15** ft (as referred to site plan benchmark)
Additional design/site considerations **12' x 54' BED**
Parent material **OUTWASH** Flood plain elevation, if applicable _____ ft
S = Suitable for system Conventional ☒ S ☐ U Mound ☒ S ☐ U In-Ground Pressure ☒ S ☐ U AT-Grade ☒ S ☐ U System in Fill ☐ S ☒ U Holding Tank ☐ S ☒ U

SOIL DESCRIPTION REPORT

Boring #	Horizon	Depth in.	Dominant Color Munsell	Mottles Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	GPD/ft ² Bed Trench
1	1	0-4	7.5YR 4/1	—	SL	2mABK	MVPR	CU	3m	5.6
2	2	4-9	7.5YR 4/2	—	SL	2mABK	MVPR	CU	3m	5.6
3	3	9-15	7.5YR 4/3	—	LS	2mABK	MVPR	CU	2m	7.8
4	4	15-24	7.5YR 4/4	—	S	2mABK	MVPR	CU	2m	7.8
5	5	24-68	7.5YR 4/6	—	S	2mABK	MVPR	CU	1F	7.8
6	6	68-96	7.5YR 5/4	—	S	2mABK	MVPR	—	1F	7.8

Remarks:

Boring #	1	0-4	7.5YR 4/1	—	SL	2mABK	MVPR	CU	3m	5.6
2	2	4-10	7.5YR 4/2	—	SL	2mABK	MVPR	CU	3m	5.6
3	3	10-15	7.5YR 4/3	—	LS	2mABK	MVPR	CU	2m	7.8
4	4	15-25	7.5YR 4/4	—	S	2mABK	MVPR	CU	2m	7.8
5	5	25-71	7.5YR 4/6	—	S	2mABK	MVPR	CU	1F	7.8
6	6	71-86	7.5YR 5/4	—	S	2mABK	MVPR	—	—	7.8

Remarks:

CST Name (Please Print) **DLH SOIL TESTING** Signature **David L. Hisdahl** Telephone No. **715-798-3035**
Address **DAVID L. HISDAHL** Date **9-7-99** CST Number **221213**
PO BOX 231
CABLE, WI 54821

PROPERTY OWNER Woods

SOIL DESCRIPTION REPORT

Page 2 of 3

PARCEL I.D.# _____

Boring #

 3Ground
elev.
99.65 ft.Depth to
limiting
factor
79.7 in.

Horizon	Depth in.	Dominant Color Munsell	Mottles Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	GPD/ft ²	
									Bed	Trench
1	0-5	7.5YR 4/1	—	SL						
2	5-10	7.5YR 4/2	—	SL						
3	10-16	7.5YR 4/3	—	LS						
4	16-24	7.5YR 4/4	—	S						
5	24-30	7.5YR 4/6	—	S						
6	30-99	7.5YR 3/4	—	S						

Remarks: HAND AUGURED BORING

Boring #

Ground
elev.
_____ ft.Depth to
limiting
factor
_____ in.

Remarks: _____

Boring #

Ground
elev.
_____ ft.Depth to
limiting
factor
_____ in.

Horizon	Depth in.	Dominant Color Munsell	Mottles Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	GPD/ft ²	
									Bed	Trench

Remarks: _____

Boring #

Ground
elev.
_____ ft.Depth to
limiting
factor
_____ in.

Remarks: _____

LOT 24

PRIVATE DRIVE
TO GARDEN LAKE ROAD

GARAGE

3 BDR HOME

EXISTING SYSTEM

RAEMISSAN
1000 G. TANK
800 P. TANK

BM

± 115' 2" PVC F.M.

POWER POLE
PROPANE TANK

12' x 54' .7
B3

B2

MIKE WOODS
9017 HYLAND CREEK ROAD
BLOOMINGTON, MN 55437
612-835-4644
LOT 23
LOTS 23 & 24 SE ND S 13 T 43 N R 6 W
034-1112-03 & 04 TOWN OF NAMAKAGON
Bryfield Co, WI

▲ BM ± 100' Bottom of
Concrete Board

B1 = 99.54'
B2 = 99.30'
B3 = 99.65'

System Elev 96.15 - 94.57'
LIFT SYSTEM FROM BASEMENT
FLOOR EXIT.

Pump offset = 85.9'

Verd. Lift = 11.15'

LAKE NAMAKAGON

Andie R. Rasmussen
MFD 220173
9-12-99

11" = 40' AS



Lodging Inspection Report

Establishment Information

Facility Name THE COTTAGE AT MISSING ACRE	Facility Type Tourist Rooming House (LTR)
Facility ID # MSIE-C7BKN2	Facility Telephone # 715
Facility Address 24235 GARDEN LAKE RD CABLE, WI 54821	
Licensee Name MCINTOSH, ANN	Licensee Address PO BOX 5761 DILLON, CO 80435

Inspection Information

Inspection Type Pre-inspection	Inspection Date September 29, 2021	Total Time Spent
--	--	------------------

OPERATOR - The violations in operating procedure or physical arrangement indicated below must be corrected by the next routine inspection or by a date specified in this report.

Observed Violations

Total # 1

Observed Violations - 46 - Smoke and Carbon Monoxide Detection

OBSERVATION: A carbon monoxide detector is not provided in basement where a fuel-burning appliance is located.

CORRECTIVE ACTION(S): Provide carbon monoxide detectors in all required locations.

CODE CITATION: ATCP 72.145 (3) INSTALLATION REQUIREMENTS.

The operator shall install carbon monoxide detectors in compliance with the requirements of s. 101.149 (2), Stats., and s. SPS 321.097 or 362.1200.

s. 101.149 (2), Stats., INSTALLATION REQUIREMENTS.

(ac) Carbon monoxide detectors required. Except as provided in sub. (5), the owner of a residential building shall provide carbon monoxide detectors at the locations specified in par. (ax) as required under pars. (ag) to (at).

(ag) Fuel-burning appliances. Carbon monoxide detectors shall be provided in units that contain a fuel-burning appliance.

(aL) Forced-air furnaces. Carbon monoxide detectors shall be provided in units served by a fuel-burning, forced-air furnace, except that carbon monoxide detectors are not required in a unit if a carbon monoxide detector is provided in the first room or area served by each main duct leaving the furnace and one of the following is satisfied:

1. The carbon monoxide alarm signals are automatically transmitted to all units served by the furnace and to a designated location at a facility staffed by trained personnel on a continuous basis where alarm and supervisory signals are monitored and facilities are provided for notification of the fire department.

2. In addition to the first room or area served by each main duct leaving the furnace, a carbon monoxide detector is installed in every 4th unit on the same floor as that first room or area.

(ap) Fuel-burning appliances outside of units. Carbon monoxide detectors shall be provided in units located in residential buildings that contain fuel-burning appliances, except as follows:

1. Carbon monoxide detectors are not required in units where there are no openings between the fuel-burning appliance and the unit through which carbon monoxide can get into the unit.

2. Carbon monoxide detectors are not required in units where a carbon monoxide detector is provided in one of the following locations:

a. Between the fuel-burning appliance and the unit.

b. On the ceiling of the room containing the fuel-burning appliance.

(at) Private garages. Carbon monoxide detectors shall be provided in units in buildings with attached private garages, except as follows:

1. Carbon monoxide detectors are not required where there are no openings between the private garage and the unit through which carbon monoxide can get into the unit.

2. Carbon monoxide detectors are not required in units located more than one story above or below the private garage.

3. Carbon monoxide detectors are not required where the private garage connects to the building through an open-ended corridor.

4. Where carbon monoxide detectors are provided between openings to the private garage and units, carbon monoxide detectors are not required in the units.

5. Carbon monoxide detectors are not required where the private garage has openings designed to provide natural ventilation, or is mechanically ventilated, in accordance with rules for natural and mechanical ventilation in public parking garages promulgated by the department.

(ax) Locations. If required under pars. (ag) to (at), carbon monoxide detectors shall be installed in the following locations:

1. 'Units.' In units, outside of each separate sleeping area in the immediate vicinity of the sleeping rooms.

2. 'Sleeping rooms.' In sleeping rooms, if a fuel-burning appliance is located within the sleeping room or its attached bathroom.

(d) Certification. Any carbon monoxide detector that bears an Underwriters Laboratories, Inc., listing mark or similar mark from an independent product safety certification organization satisfies the requirements of this subsection.

(e) Manufacturer directions and specifications. The owner shall install every carbon monoxide detector required by this subsection according to the directions and specifications of the manufacturer of the carbon monoxide detector.

Comments:

Property manager is Dick Biscobing 715-798-3653. Water sample collected on this date. Can release the license when the water sample result is safe. Remove alcohol and food items before renting. These items can also be locked so the guests do not have access. Remove wood dowels from the windows. The doors lock and the dowels may make it difficult for guests to exit in the event of an emergency. With regard to cleaning we are recommending that all bedding be changed out due to COVID. All dishes, utensils, pots, pans, etc. shall be sanitized between guests. Can use one capful of bleach per gallon of water.

Any operator aggrieved by an order of this department under this chapter may request a hearing as provided in ch.227 statute, if state licensed, or a local ordinance if licensed by an agent health department.

Person in Charge

Emailed to owner

Sanitarian

Michelle Simone

Michelle Simone

(715) 373-3320



Short Term Rental Permit Authorization Form

I, Ann McIntosh Personal representative of the estate of Michael Woods authorize Area 56, LLC doing business as North Country Vacation Rentals to represent me in regard to obtaining permits and information on my property located at 23245 Garden Lake Rd. in the Town of Cable in the County of Bayfield, State of Wisconsin.

Property Owner's Contact Information:

Phone: 847-736-5546 Email: officeface@msn.com

Mailing Address: PO BOX 5761 Dillon, CO 80435

12/1/21

Property Owner's Signature

Date

Area 56, LLC dba North Country Vacation Rentals authorizes Karl Kastrosky to represent us on behalf of Ann McIntosh in regard to the Bayfield County Zoning Property Use Permit.

Property Address: 23245 Garden Lake Rd in the Town of Nama Kagon in the County of Bayfield, State of Wisconsin.

Co-Owner Area 56, LLC

12/8/2021
Date

STATE OF MINNESOTA

FOURTH JUDICIAL DISTRICT COURT

COUNTY OF HENNEPIN

PROBATE MENTAL HEALTH DIVISION

In Re: Estate of

LETTERS TESTAMENTARY
MN. STAT. 524.3-601
(UNSUPERVISED)

Michael Kay Woods,
also known as
Michael K. Woods,
Deceased

FILE NO. 27-PA-PR-20-727

The above named decedent having been found dead on May 14, 2020,
and Ann McIntosh, having been appointed and qualified, is
hereby authorized to act as Personal Representative according to law.

Julie Peterson
Julie Peterson
Probate Registrar

7/13/2020
Dated

State of Minnesota, County of Hennepin
Certified to be a true and correct copy
of the original on file and of record in my
office. I further certify said letters are in
full force and effect.

JUL 27 2020

Dist. Ct. Administrator
By: *[Signature]* Deputy

TOWN OF NAMAKAGON TREASURER

LENE (COOKIE) SKULTETY

BOX 659

3LE WI 54821

Phone: (715) 798-2501

Email: treasnamakagon@cheqnet.net

STATE OF WISCONSIN - BAYFIELD COUNTY
REAL ESTATE PROPERTY TAX BILL FOR 2021

TOWN OF NAMAKAGON

PAYMENTS should reference: **Tax ID: 25093**

DOCUMENT RECORDING, or anything Else should reference:

PIN: 04-034-2-43-06-13-2 00-227-31000

Alternate/Legacy ID: 034-1112-04 000

Ownership: MICHAEL K WOODS

MICHAEL K WOODS
9017 HYLAND CREEK RD
BLOOMINGTON MN 55437**Important:** Be sure this covers your property. Note that this description is for tax bills only and may not be a full legal description. See reverse side for important information.**Property Description / Location of Property**

Site Address: N/A

Description: NAMAKAGON LAKE SHORE SUBDIV LOT 24 IN V.780
P.474 730Please include self-addressed, stamped envelope for return receipt.
Please inform your treasurer of any billing address changes.

Acreage: 1.400

Document: 457265 780-470;780-472;780D474

Assessed Value			Average Assessment Ratio	Net Assessed Value Rate (Does NOT reflect lottery or first dollar credit) 0.008864289	Real Estate Tax: 2,925.22 First Dollar Credit: -0.00 Lottery Credit: -0.00 Net Real Estate Tax: 2,925.22 Total Due: 2,925.22
Land	Improved	Total			
\$330,000	\$0	\$330,000	0.96684		
Estimated Fair Market Value			An "X" means unpaid prior year taxes. <input type="checkbox"/>	School taxes reduced by school levy tax credit. \$177.14	For full payment pay to TOWN OF NAMAKAGON treasurer by January 31, 2022
Land	Improved	Total			
\$341,300	\$0	\$341,300			
Estimated State Aids			Net Tax		% Tax Change
Allocated Tax District			2020	2021	
Allocating Jurisdiction	2020	2021	2020	2021	
COUNTY	97,715	103,710	1,301.47	1,305.91	0.3
TOWN OF NAMAKAGON	181,753	185,264	630.60	758.94	20.4
SHL-DRUMMOND	154,024	159,167	788.40	750.82	-4.8
TECHNICAL COLLEGE	202,975	212,704	121.29	109.55	-9.7
Totals	636,467	660,845	2,841.76	2,925.22	2.9
First Dollar Credit			0.00	0.00	0.0
Lottery & Gaming Credit			0.00	0.00	0.0
Net Property Tax			2,841.76	2,925.22	2.9

Warning
If not paid by due dates, installment option is lost and total tax is delinquent and subject to interest and if applicable, penalty. (See reverse)Pay 1st Installment Of:
Pay Full Payment Of:
January 31, 2022**1,462.61**
2,925.22Pay 2nd Installment Of:

by July 31, 2022**1,462.61**

Amount enclosed:

Amount enclosed:

MICHAEL K WOODS

Tax ID: 25093 (034)

Make payment payable and mail to:

TOWN OF NAMAKAGON TREASURER

LENE (COOKIE) SKULTETY

BOX 659

BLE WI 54821

Include this stub with your payment

MICHAEL K WOODS

Tax ID: 25093 (034)

Make payment payable and mail to:

BAYFIELD COUNTY TREASURER

JENNA GALLIGAN

PO BOX 397

WASHBURN WI 54891

Include this stub with your payment

TOWN OF NAMAKAGON TREASURER

JENNE (COOKIE) SKULTETY

BOX 659

315 E WI 54821

Phone: (715) 798-2501

Email: treasnamakagon@cheqnet.net

STATE OF WISCONSIN - BAYFIELD COUNTY
REAL ESTATE PROPERTY TAX BILL FOR 2021
TOWN OF NAMAKAGON
PAYMENTS should reference: **Tax ID: 25092**
DOCUMENT RECORDING, or anything Else should reference:

PIN: 04-034-2-43-06-13-2 00-227-30000

Alternate/Legacy ID: 034-1112-03 000

Ownership: MICHAEL K WOODS

MICHAEL K WOODS

9017 HYLAND CREEK RD

BLOOMINGTON MN 55437

Important: Be sure this covers your property. Note that this description is for tax bills only and may not be a full legal description. See reverse side for important information.

Property Description / Location of Property
Site Address: 24235 GARDEN LAKE RD

Description: NAMAKAGON LAKE SHORE SUBDIV LOT 23 LESS V.409 P.181 IN V.780 P.474 729

Please include self-addressed, stamped envelope for return receipt.

Please inform your treasurer of any billing address changes.

Acres: 1.300

Document: 457265 780-470;780D472;780D474

Assessed Value			Average Assessment Ratio	Net Assessed Value Rate (Does NOT reflect lottery or first dollar credit) 0.008864289	Real Estate Tax: 4,975.52
<u>Land</u>	<u>Improved</u>	<u>Total</u>			First Dollar Credit: -20.39
\$304,800	\$256,500	\$561,300	0.96684	Lottery Credit: -0.00	
Estimated Fair Market Value			An "X" means unpaid prior year taxes. <div></div>	School taxes reduced by school levy tax credit. \$301.31	Net Real Estate Tax: 4,955.13
<u>Land</u>	<u>Improved</u>	<u>Total</u>			Total Due: 4,955.13
\$315,300	\$265,300	\$580,600			
Estimated State Aids					
Allocated Tax District			Net Tax		% Tax Change
			2020	2021	
Assessing Jurisdiction	2020	2021	2020	2021	
COUNTY	97,715	103,710	2,213.69	2,221.24	0.3
TOWN OF NAMAKAGON	181,753	185,264	1,072.60	1,290.88	20.4
WHL-DRUMMOND	154,024	159,167	1,340.99	1,277.07	-4.8
TECHNICAL COLLEGE	202,975	212,704	206.30	186.33	-9.7
Totals	636,467	660,845	4,833.58	4,975.52	2.9
First Dollar Credit			21.43	20.39	-4.9
Lottery & Gaming Credit			0.00	0.00	0.0
Net Property Tax			4,812.15	4,955.13	3.0

For full payment pay to TOWN OF NAMAKAGON treasurer by
January 31, 2022

Warning
If not paid by due dates, installment option is lost and total tax is delinquent and subject to interest and if applicable, penalty. (See reverse)

Pay 1st Installment Of:

2,477.57

Pay 2nd Installment Of:

2,477.56

Pay Full Payment Of:

4,955.13
January 31, 2022
by July 31, 2022

Amount enclosed:

Amount enclosed:

MICHAEL K WOODS
Tax ID: 25092 (034)

Make payment payable and mail to:

TOWN OF NAMAKAGON TREASURER

JENNE (COOKIE) SKULTETY

BOX 659

315 E WI 54821

Include this stub with your payment
MICHAEL K WOODS
Tax ID: 25092 (034)

Make payment payable and mail to:


BAYFIELD COUNTY TREASURER

JENNA GALLIGAN


PO BOX 397

WASHBURN WI 54891


Include this stub with your payment

 **Description** Updated: 3/15/2021

Tax ID: 25093
PIN: 04-034-2-43-06-13-2 00-227-31000
Legacy PIN: 034111204000
Map ID:
Municipality: (034) TOWN OF NAMAKAGON
STR: S13 T43N R06W
Description: NAMAKAGON LAKE SHORE SUBDIV LOT 24 IN V.780 P.474 730
Recorded Acres: 1.400
Calculated Acres: 1.285
Lottery Claims: 0
First Dollar: No
Zoning: (R-1) Residential-1
SN: 123

 **Tax Districts** Updated: 3/15/2006

	STATE
04	COUNTY
034	TOWN OF NAMAKAGON
041491	SCHL-DRUMMOND
001700	TECHNICAL COLLEGE

 **Recorded Documents** Updated: 3/15/2006

CONVERSION

Date Recorded: 457265 780-470;780-472;780D474

 **Ownership** Updated: 3/15/2006

MICHAEL K WOODS BLOOMINGTON MN

Billing Address: **MICHAEL K WOODS**
9017 HYLAND CREEK RD
BLOOMINGTON MN 55437

Mailing Address: **MICHAEL K WOODS**
9017 HYLAND CREEK RD
BLOOMINGTON MN 55437

 **Site Address** * indicates Private Road

N/A

 **Property Assessment** Updated: 11/14/2007

2021 Assessment Detail

Code	Acres	Land	Imp.
G1-RESIDENTIAL	1.400	330,000	0

2-Year Comparison

	2020	2021	Change
Land:	330,000	330,000	0.0%
Improved:	0	0	0.0%
Total:	330,000	330,000	0.0%

 **Property History**

N/A

Lot 23 & 24

No LUP

No #

2 Dwellings?

2 Parcels?

1 Fire #

Garage Has A/C

JBH Has T+G Pine + Ceiling Fan

10-0475 26x32 NO HAB

1999 - 327406 - Septin

109 125 Septin 8052-PS88
(lots 8-9 + 22 & 23)

95-3776 Dwelling - GAR extend

ATF 95 3824 Add. floor

ATF 98-581

99-559 Add. floor

99-557 Add. floor

Town, City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X** (Shoreland / Wetland)
SANITARY – 327406
SIGN –
SPECIAL – **(A)** (Town of Namakagon-12/21/2021)
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **22-0014** Issued To: **Estate of Michael Woods (Anna McIntosh, Personal Rep)**

Location: $\frac{1}{4}$ of $\frac{1}{4}$ Section **13** Township **43** N. Range **6** W. Town of **Namakagon**

Gov't Lot Lot Block Subdivision CSM#

OTHER

For: **[1- Unit] Short-Term Rental: Consisting of: [1-Story w/Loft] Existing Residence (80' x 22')**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Maximum sleeping area of (3) based upon sanitary design. Maintain License with Public Health.
No Sleeping in Garage or Boathouse. No Use of Boathouse aside from boats & related equipment and storage. Abide by Town Conditions (see back of this Card)

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler, AZA

Authorized Issuing Official

January 18, 2022

Date

Conditions placed by Town of Namakagon

1. No other Structure or vehicles, permanent or temporary can be placed on the property for human habitation or business until this short-term vacation rental permit is terminated.
2. This includes but is not limited to travel trailers, motor homes, tents, tent campers and house boats.
3. Obtain necessary permits
4. Room Tax must be paid to Town Board
5. Must have an inspected and approved sanitary system
6. No RV's, pop-up campers, tents, or other means of overnight stays allowed
7. All vehicle and trailer parking must be contained on private driveway (not on grass or on road)
8. All campfires must be attended and extinguished by 11:00 pm
9. Quiet hours are 11:00 pm to 7:00 am
10. Pets must be restricted to rental property
11. Property line delineation must be agreeable with both neighbors
12. Contact number(s) must be available 24 hours per day
13. Property must remain free from citations, nuisances, disorderly conduct, or any other type of illegal activity
14. Land Use, DNR and town regulations/ordinances are included in rental information
15. Occupancy limits set by the town are adhered to
16. You are knowledgeable about your permits and transfer rights
17. Garbage and recycling materials should be properly disposed of on a daily basis. Garbage containers must be kept out of public's view except for garbage pickup day
18. Trespass laws must be abided by at all times
19. Fireworks by town permit only
20. All Criteria must be met. Suspension or revocation of permit is possibility if not followed